



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

Date Received:
File:
OFFICE USE ONLY

TO: INFORMATION & PRIVACY COORDINATOR

Strathcona Regional District

Mail / Hand Delivery: 301 – 990 Cedar Street
Campbell River, BC V9W 7Z8

Confidential Fax: 250-830-6710

e-mail: administration@srd.ca

- 1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:
[] General Information
[] Applicant's own personal information
[] Personal information for another person (attach signed consent form or other proof of authority to act for the person)

2. I am applying for access to the following records:

Please describe the record(s) to which you want access in as much detail as possible including event or action, date of record or the date or period to which it relates, the type of record (document, report, letter). If access to personal information is being requested, be sure to provide all names by which the individual may be identified. If you need more space, use an additional sheet of paper.

3. I would prefer to:

- [] receive a copy of the original record* [] examine the original record*

*Note: A fee may be charged for providing the records requested.

4. Applicant information:

Print Full Name: _____ e-mail: _____
Mailing Address: _____ Telephone: Home _____
Work _____
Date: _____ Cell _____
Signature of Applicant: _____ Fax: _____

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose of responding to your request.